

**Michigan Department of Community Health
EMS and Trauma Services Section
320 S. Walnut Street
Lansing, MI 48913**

**Education Program Sponsor Approval and Re-approval Criteria
On-Site Program Evaluation Form**

See text for detailed explanation of criteria, documentation required, and re-approval documentation required.

NOTE:Criteria are divided into required and recommended categories.

M-criteria for MFR program

B-criteria for Basic EMT program

S-criteria for EMT-Specialist program

P-criteria for Paramedic program

Program Sponsorship-Required

- _____ **M B S** 1. Provide documentation that verifies sponsor facility type. Programs must be sponsored by a facility that is either a post-secondary school (such as a university or a college), a high school or vocational/technical school, or proprietary school licensed by the Michigan Department of Labor and Economic Growth; an adult education center; a licensed life support agency, a hospital, or a United States Military Service.
- _____ **P** 2. Provide documentation that verifies sponsor facility type. Programs must be sponsored by a facility that is either a post-secondary school, a high school or vocational/technical school, or proprietary school licensed by the Michigan Department of Labor and Economic Growth; an adult education center, or a hospital.
- _____ **M B S P** 3. Provide a sponsor representative contact that is other than the course coordinator or primary IC.
- _____ **M B S P** 4. Provide a written statement outlining sponsor responsibilities.
- _____ **M B S P** 5. Provide an action plan that documents how the sponsor will provide oversight to all classes.
- _____ **M B S P** 6. Provide documentation that Medical Control Authority has been informed of the program.

Resources

Course Coordinator-Required

- _____ **M B S P** 7. Course Coordinator for each level of the program is identified on application.
- _____ **M B S P** 8. Show proof of Michigan IC licensure and EMS provider licensure.
- _____ **M B S P** 9. Provide documentation of formal affiliation with program (employment verification letter) or copy of contract with sponsor.
- _____ **M B S P** 10. Provide written Course Coordinator position description.
- _____ **M B S P** 11. Assure a licensed IC is present during all classes with the exception of the presence of a qualified instructor or subject matter expert approved according to MDCH policy.

Course Coordinator-Recommended

- _____ **M B S P** 12. Provide documentation of previous experience as a Course Coordinator
- _____ **M B S P** 13. Provide documentation of previous coordination experience
- _____ **M B S P** 14. Provide documentation of previous teaching experience
- _____ **M B S P** 15. Provide documentation of previous field experience
- _____ **M B S P** 16. Provide documentation of previous general administrative experience
- _____ **M B S P** 17. Provide documentation of license at higher level than the program
- _____ **M B S P** 18. Provide documentation of academic credentialing, e.g. B.S., M.S., Ph.D., etc.

Physician Director-Required

- _____ **B S P** 19. Physician Director is identified on application and signs original signature to application.
- _____ **B S P** 20. Provide documentation that physician is licensed.
- _____ **B S P** 21. Provide documentation that physician is formally affiliated (letter of employment) or provide copy of contract with the program sponsor.
- _____ **B S P** 22. Provide the Physician Director's written position description (may be in contract). When not in contract, this position description must be signed in acknowledgement by the physician.
- _____ **B S P** 23. Provide documentation that physician has clinical experience and current expertise in providing emergency care.

Physician Director-Recommended

- _____ **M** 24. Physician Director is identified on application and signs original signature to application.
- _____ **M** 25. Provide documentation that physician is licensed and has emergency care experience.
- _____ **M** 26. Provide documentation that physician is formally affiliated (letter of employment) or provide copy of contract with the program sponsor.
- _____ **M** 27. Provide the Physician Director's written position description (may be in contract).
- _____ **M B S** 28. Provide documentation that physician is knowledgeable in EMS systems.
- _____ **M B S P** 29. Provide documentation that physician is Board-certified or board-eligible in emergency medicine.
- _____ **M B S P** 30. Provide documentation that physician completed an EMS fellowship.
- _____ **M B S P** 31. Provide documentation that physician is actively involved in emergency medicine or EMS professional organizations.
- _____ **M B S P** 32. Provide documentation that the physician signs a statement assuring student competency at the end of the program.
- _____ **M B S P** 33. Provide documentation that the physician signs a statement assuring familiarity with education program requirements.
- _____ **M B S P** 34. Provide documentation that the physician signs a statement accepting responsibility to review the course curriculum for medical correctness.

Instructional Faculty-Required

- _____ **M B S P** 35. Provide documentation that demonstrates instructors are proficient in the subject material presented. If an EMS provider, instructor must be licensed at level of course or higher.
- _____ **M B S P** 36. Provide Curriculum Vitae for instructors that identifies credentials, including copy of EMS license for each instructor, if applicable.
- _____ **M B S P** 37. Provide documentation that demonstrates instructor formal affiliation (employment verification letter) or copy of contract with program sponsor
- _____ **M B S P** 38. Provide instructor's written position description (generic).

Instructional Faculty-Recommended

- _____ **M B S P** 39. Provide documentation that instructors are licensed I/C(s) in State of Michigan
- _____ **M B S P** 40. Provide documentation that instructors have academic credentialing.
- _____ **M B S P** 41. Provide documentation that instructors have previous EMS field experience.
- _____ **M B S P** 42. Provide documentation that instructors have previous teaching experience.

Financial Resources-Required

- _____ **M B S P** 43. Provide a written statement from the sponsor that states there is financial support for the program.

Financial Resources-Recommended

- _____ **M B S P** 44. Provide a course budget **and** written statement from the sponsor financially supporting the program.

Physical Resources

Facility-Required (See facility requirements attachment)

_____ **M B S P** 45. The facility meets all requirements in the attached appendix.

Facility-Recommended (See facility recommendations)

_____ **M B S P** 46. The facility meets some recommendations in the attached appendix.

Supplies

Equipment-Required (See equipment requirements attachment)

_____ **M B S P** 47. All equipment is available as required in the attached appendix.

_____ **M B S P** 48. A Lesson Plan is provided if station rotation is necessary to meet all equipment requirements. This will be based on maximum number of students enrolled in course for evaluating 1:6 ratio for equipment rotation.

Equipment-Recommended (See equipment recommendations)

_____ **M B S P** 49. Some equipment identified as recommended in the attached appendix is available.

Audio Visual-Required (See audio visual list attachment)

_____ **M B S P** 50. All audio-visual equipment is available as required in the attached appendix.

Audio Visual-Recommended (See audio visual list attachment)

_____ **M B S P** 51. Some audio-visual equipment identified as recommended in the attached appendix is available.

Learning Resources(Library)-Required

_____ **M B S P** 52. Demonstrate availability of library resources related to the curriculum.

Learning Resources(Library)-Recommended

_____ **M B S P** 53. Demonstrate availability of a dedicated EMS resource center.

_____ **M B S P** 54. Demonstrate availability of internet access.

_____ **M B S P** 55. Demonstrate availability of hospital library access.

_____ **M B S P** 56. Demonstrate availability of college library with medical program access.

_____ **M B S P** 57. Demonstrate availability of self-instruction resources (computer aided instruction).

Clinical Resources-Required

- _____ **B S P** 58. Provide copy of each formal clinical agreement with hospitals, facilities and EMS agencies. Minimally one pre-hospital and one hospital agreement must be in place.
- _____ **B S P** 59. Provide a copy of the document that informs the student that clinical requirements meet or exceed minimum state guidelines for types of facilities and objectives, or hours.
- _____ **B S P** 60. Demonstrate the process for verifying that students have obtained required vaccinations before attending clinical rotations.
- _____ **B S P** 61. Demonstrate the process used to verify that students attend clinical rotations.
- _____ **B S P** 62. Provide a copy of the objectives that are provided to the student for each clinical location.
- _____ **B S P** 63. Provide a copy of the clinical assignment that the student receives and demonstrate how the clinical activities of the assignment relate to the attainment of the objectives.
- _____ **B S P** 64. Document and demonstrate that didactic and psychomotor training occurs prior to student attendance of clinical experience on that knowledge/skill area.
- _____ **B S P** 65. Document and demonstrate that students receive education on infection control and use of PPE prior to entering the clinical setting.
- _____ **B S P** 66. Provide copy of infectious exposure policy and infectious exposure reporting procedure.
- _____ **B S P** 67. Document and demonstrate that student reports to approved clinical supervision at each clinical facility.
- _____ **B S P** 68. Demonstrate how student identification is utilized in the clinical setting.
- _____ **P** 69. Demonstrate that a formal field internship program exists following completion of course work.

Clinical Resources-Recommended

- _____ **B S** 70. Demonstrate that a formal field internship program exists.
- _____ **B S P** 71. The course coordinator and/or clinical preceptor responsible for the clinical setting has in place a system for demonstrating proof of the students' participation:
 - a. The course coordinator/clinical preceptor schedules the student in clinical setting.
 - b. The clinical setting is advised in writing of the students scheduled.
 - c. A system is maintained at the facility to record student attendance.
- _____ **B S P** 72. Demonstrate that students have access to a diverse patient mix (age/race/patient conditions).
- _____ **B S P** 73. Provide a copy of the contract between the program and the clinical faculty.

Student Policy/Syllabus-Required

- _____ **M B S P** 74. Provide a copy of the admissions policy.
- _____ **M B S P** 75. Provide a copy of the specific grading scale and definition of successful completion.
- _____ **M B S P** 76. Provide a copy of the attendance policy.
- _____ **M B S P** 77. Provide a copy of the appeals policy/procedure.
- _____ **M B S P** 78. Provide a copy of the academic guidance procedure.
- _____ **M B S P** 79. Provide a copy of the health and safety policy/procedure meeting those identified required areas in this section
- _____ **M B S P** 80. Document and demonstrate how a copy of the MDCH Education Program Requirements is made available to the students.
- _____ **M B S P** 81. Provide a copy of the disclosure policy/procedure meeting the identified required areas in this section.
- _____ **M B S P** 82. Demonstrate that a primary textbook, or resource is identified and required.
- _____ **M B S P** 83. Demonstrate in the syllabus the primary instructor availability, contact phone, and class cancellation procedure.
- _____ **M B S P** 84. Provide a copy of the dress code/hygiene policy used for the clinical setting.
- _____ **M B S P** 85. Document in the syllabus that upon successful completion, students will be provided the National Registry application, the exam reservation forms, license application and instructions for application completion.
- _____ **M B S P** 86. Document in syllabus that upon successful completion, students will be provided a letter or certificate of course completion.
- _____ **M B S P** 87. Document in syllabus that students are informed that a criminal history could impact the student's ability to participate in clinical, examinations and/or to become licensed.
- _____ **M B S P** 88. Document in syllabus that students are informed before or at first class session that program sponsor and course are approved by MDCH.

Operational Policy/Procedures-Required

- _____ **M B S P** 89. Student records will be maintained for minimally five years and contain:
 - a. all academic information such as grades
 - b. copies of student course-end evaluations (didactic, practical, affective & clinical)
 - c. copies of all student clinical attendance verifications
 - d. any student incident report or counseling record
 - e. student vaccination history (if not found in other facility record)
- _____ **M B S P** 90. Provide an example of each final evaluation tool that will be used to evaluate the student in the cognitive, psychomotor, affective domains.
- _____ **M B S P** 91. Provide a policy that directs how evaluation tools will be developed and evaluated after use to improve validity and reliability, if needed.
- _____ **M B S P** 92. Provide copies or documentation of liability policies in place which cover the faculty and students in all program locations.
- _____ **M B S P** 93. Demonstrate "fairness in advertising" in all course information. Provide a copy of the course announcement for this criteria.
- _____ **M B S P** 94. Provide a copy of the program's ADA policy.
- _____ **M B S P** 95. Provide a copy of the program's non-discrimination policy.
- _____ **M B S P** 96. Provide copy of the program's sexual harassment policy that is provided to students.
- _____ **P** 97. Demonstrate that student math and reading assessment testing is done and that a remedial resource is available.

Operational Policy/Procedures- Recommended

- _____ **M B S P** 98. A physical agility testing program, with resources for referral, is utilized.
- _____ **M B S** 99. Demonstrate that student math and reading assessment testing is done and that remedial referral resource is available.
- _____ **M B S P** 100. Additional liability coverage is provided (as noted in the text.)

Program Evaluation-Required

- _____ **M B S P** 101. Document that a course evaluation is performed, by the students, at the completion of each course.
- _____ **M B S P** 102. Document that the primary instructor is evaluated, for the purpose of providing feedback to the instructor, at least once during each course.
- _____ **M B S P** 103. By policy, describe how the program will utilize the data obtained from the comparison of the course outcomes to the success of students on the NREMT exams.
- _____ **M B S P** 104. Provide a written action plan that documents how information obtained from the evaluation process (numbers 101-103) is utilized to make changes in the program when appropriate.
- _____ **M B S P** 105. By policy, direct what data is included in the final report that is made by the primary IC or course coordinator to the program sponsor and/or the Advisory Committee, and is maintained
- in course records. This final report includes:
- a. a summary of each course's evaluations (from # 101)
- b. facts on student attrition (number of students enrolled/completing)
- c. the comparison of course outcomes to NREMT exam outcomes (#103)
- d. the action plan for implementing necessary changes (from #104.)
- _____ **M B S P** 106. Document and demonstrate that the program's Advisory Committee is active.
- _____ **P** 107. Document how instructor competency is demonstrated and how their education is extended.

Program Evaluation-Recommended

- _____ **M B S P** 108. Evaluate the effectiveness of the program in developing competencies consistent with the needs of the graduates' employers.
- _____ **M B S** 109. Document how instructor competency is demonstrated and how their education is extended.

Additional Criteria for Satellite Courses-Required

- _____ **M B S P** 110. Identify satellite location on application.
- _____ **M B S P** 111. Provide dates the satellite location is to be active.
- _____ **M B S P** 112. Identify Sponsor Representative and Contact Person at Satellite location.
- _____ **M B S P** 113. Identify satellite course coordinator (I/C) and credentials if different than primary site course coordinator.
- _____ **M B S P** 114. Identify satellite location physician director and document credentials if different than primary site physician director.
- _____ **M B S P** 115. Provide action plan that documents how sponsor will provide oversight to satellite location to ensure State requirements are met.
- _____ **M B S P** 116. Provide written agreement between sponsor and satellite site identifying responsibilities of each.
- _____ **M B S P** 117. Provide written plan to promote communication and evaluate progress among sponsor representative, satellite location contact person, and satellite course coordinator.
- _____ **M B S P** 118. Demonstrate curricula, exams, evaluation tools, policies and procedures used are consistent among all sponsor locations.
- _____ **M B S P** 119. Demonstrate that satellite location has access to all required equipment and A/V resources.
- _____ **M B S P** 120. Ensure students have written contact information for contacting sponsor representative during course and after course completion.
- _____ **M B S P** 121. Provide documentation that sponsor has approved all I/C's, subject matter experts, and qualified instructors to be used at satellite location.
- _____ **M B S P** 122. Identify clinical sites to be used by satellite program and provide copies of contracts if different from sponsor's primary clinical sites.
- _____ **M B S P** 123. Document provisions for satellite program students to have access to resources equivalent to those at the primary site, including library, assessment, tutoring and financial aid.
- _____ **M B S P** 124. Identify location where program records will be kept during course and where they will be

kept after course completion.

_____ **M B S P** 125. Provide documentation that Sponsor is providing financial support for the satellite program.

_____ **M B S P** 126. Document the satellite program has a representative on the sponsor's advisory committee.

Further Explanations of Program Sponsor Approval Criteria

Topic: Program Sponsorship

- Requirement:**
1. All MFR, Basic, and Specialist initial education programs must be sponsored by a facility that is either a post-secondary school (such as a university or a college), a high school or vocational/ technical school, or proprietary school licensed by the Michigan Department of Labor and Economic Growth; an adult education center; a licensed life support agency, a hospital, or a United States Military Service.

Note: A licensed life support agency includes an ambulance operation, non-transport prehospital life support operation, aircraft transport operation, and medical first response service.
 2. All Paramedic initial education programs must be sponsored by a facility that is either an adult education center, a hospital, a high school or vocational/technical school, a proprietary school licensed by the Michigan Department of Labor and Economic Growth; or a post secondary school.
 3. The Sponsor must provide a contact person, other than the Course Coordinator, who represents the sponsor.
 4. A statement outlining the sponsor's responsibilities will be a component of the written agreement between the sponsor and the Course Coordinator.
 5. The sponsor must provide an action plan that identifies how the sponsor will provide oversight of all EMS courses whether they are at the main location or an off-site satellite location.
Suggestions for demonstrating oversight of EMS courses include:
 - a. Frequent sponsor representative visits to the classroom to interview students and observe EMS faculty
 - b. Scheduled student interviews (by sponsor representative) to survey student progress, concerns, etc.
 - c. Written reports from faculty to the sponsor at designated intervals during course with specific factors reported. For example, summary of student evaluations, summary of student feedback surveys, etc.
 6. Per Michigan Administrative Rules (22341)(d), the local Medical Control Authority must be informed of the course offering.

For Program Re-Approval Evaluation:

1. Proof of the sponsorship credential must be present.
3. The Sponsor's representative should be present for the evaluation visit.
4. The Sponsor's responsibilities document must be current and present for review.
5. A documented action plan for oversight of all courses must be presented.

Topic: Course Coordinator

- Requirement:**
7. The coordinator of a course must be licensed in the State of Michigan as an EMS Instructor-Coordinator and hold a Michigan EMS provider license at the level of the program to be taught or higher.
 8. The course coordinator must maintain these licenses throughout program sponsor approval period.
 9. This individual must be formally affiliated or contracted with the course sponsor. If the course coordinator is employed by the sponsor, they must provide an employment verification letter. If the course coordinator is on contract with the sponsor, a copy of the contract must be provided.
 10. The Course Coordinator will have a written position description outlining his or her responsibilities.
 11. An IC licensed at or above the level of the education program must be present during all didactic and practical classes for all level programs, with the following exceptions:
 - a. CPR taught by ARC or AHA certified instructors
 - b. Hazardous Materials taught by credentialed HazMat Instructor
 - c. Prerequisite college level A & P and Pharmacology courses taught by a professor with academic credentials in those topics. These prerequisites will be credited for the minimum recommended hours or, if less than minimum, actual hours toward total course hours.
 - d. When a qualified instructor or subject matter expert, reviewed and approved through the program sponsor approval process, is present.

Recommendation:

- 12-18. It is further recommended that the Course Coordinator have previous experience as a course coordinator and instructor, EMS field experience, general administrative experience, and be licensed at a higher level than the program. Academic credentialing would also be beneficial, particularly in the field of education. Course Coordinator CV (resume) should be available on-site for review of recommended criteria.

For Program Re-Approval Evaluation:

7. The Course Coordinator must be present for the program evaluation visit.
8. The Course Coordinator must provide any updates of licenses, certifications.
9. An updated Course Coordinator contract or letter of affiliation must be presented.
10. Provide any update in the Course Coordinator written position description.
11. Course schedules must always reflect who is the primary IC and if other instructors or "Subject Matter Experts" will be present in the classroom.

Topic: Physician Director

- Requirement:**
19. All EMT, Specialist and Paramedic Programs will have identified a physician as Physician Director. The Physician Director must sign the application.
 20. The licensed physician will provide a copy of current medical license (MD or DO).
 21. The physician will be formally affiliated with the program, for example, be employed by the sponsoring facility (Provide employment verification letter), or have a written contractual agreement between the sponsor and the Physician Director (must be submitted).
 22. The Physician Director will be given a written description of the position's responsibilities. This position description must be signed by the Physician Director or may be included in the written contract.
 23. The Physician Director will demonstrate clinical experience and current expertise in emergency medical care. This will be demonstrated by documented experience in the direction of an EMS system, EMS education program medical direction, completion of Medical Director's course, or personal employment as an emergency medical physician or EMS provider. (This will be documented on the resume or the Curriculum Vitae).

Recommendation:

- For MFR programs, it is recommended that:
24. -- a licensed physician is identified as Physician Director
 25. -- physician has documented emergency care experience
 26. -- physician is formally affiliated with the program
 27. -- Physician Director has a written description of responsibilities
28. For MFR, Basic, and Specialist programs, the Physician Director will be knowledgeable in EMS. This will be demonstrated by documented experience in the direction of an EMS system, EMS education program medical direction, or personal employment as an EMS provider. (This will be documented in resume or the Curriculum Vitae.)
 29. The physician will be board-certified or board-eligible in emergency medicine.
 30. The physician will have completed an EMS fellowship. (This is a residency program where the physician is highly involved in all facets of EMS system operations. It is different from an Emergency Medicine residency.)
 31. The physician will currently be involved in an emergency medicine or EMS professional organization. (Examples would be NAEMSP, MCEP, ACEP, or NAEMSE.)
 32. The Physician Director signs a statement that he/she has reviewed each student's performance and assures competency in course requirements before students are allowed to graduate from the course.
 33. The Physician Director signs a statement that he/she is familiar with education program requirements and legal issues regarding educational programs.
 34. The Physician Director signs a statement that he/she has reviewed the course curriculum for medical correctness and completeness.

For Program Re-Approval Evaluation:

19. The Physician Director will have signed re-approval application.
20. Provide any update of the physician director license.
21. Provide any update of the physician director contract. (All contracts should be less than 3 years old.)
22. Provide any update to the physician director written position description. (May be in contract.)
23. Physician Director resume should reflect clinical experience and current expertise in emergency medical care.

Topic: Instructional Faculty

- Requirement:**
35. Any instructor (including assistants, secondary faculty, special speakers) for a program must be proficient in their subject matter presented.
 36. Instructors' credentials must be documented on a CV which is on file, as well as a copy of their EMS license, if applicable.
 37. Instructors must be employed or contracted with the program sponsor. The sponsor must provide an employment verification letter or a contract with the instructional faculty.
 38. There must be a written position description on file outlining faculty duties and responsibilities. This may be individualized or generic.

NOTE: An instructor/coordinator licensed at or above the level of the education program must be present during all didactic and practical classes for all levels. An IC does not need to be present for:

- a. CPR taught by ARC or AHA certified instructors
- b. Hazardous Materials taught by credentialed Hazardous Materials Instructor
- c. Prerequisite college level A & P and Pharmacology courses taught by a professor with academic credentials in those topics. These prerequisites will be credited for the minimum recommended hours or, if less than minimum, actual hours toward total course hours.
- d. When a qualified instructor or subject matter expert, reviewed and approved through the program sponsor approval process, is present.

Recommendation:

- 39-42. It would be beneficial if any instructor utilized in the program is a licensed I/C and licensed at a level higher than the program being offered. Previous EMS field experience and teaching experience would also be beneficial. Academic credentials, particularly in the field of education, would be recommended as well. Any additional EMS credentials such as BTLS, ACLS, etc., particularly at an instructor level, will further benefit the program.

For Program Re-Approval Evaluation:

35. The program must be able to demonstrate that any instructor (including assistants, secondary faculty, subject matter experts) that is in the classroom is proficient in their subject matter .
36. All instructors' licenses/credentials and CV must be updated and present in the files.
37. For all faculty utilized, provide any updated instructor contracts or letters of affiliation.
38. Provide any update to the instructor written position description. This may be individualized or generic.

Topic:**Financial Resources****Requirement:**

43. All EMS initial education programs must provide a written statement from the sponsor's Chief Financial Officer (or equivalent) assuring financial support of the course. The financial support for the continuance of the program is the program sponsor's responsibility and it may not be assigned to another party.

Recommendation:

44. Provide a course budget **and** a statement from the sponsor's Chief Financial Officer (or equivalent) supporting the course. The course budget should demonstrate financial solvency.

For Program Re-Approval Evaluation:

43. Provide an updated financial support statement.

Topic: Facility

Requirement: 45. The facility must be conducive to learning. The classroom must have sufficient writing space and chairs for each of the students. Sufficient bathroom facilities with an area to wash their hands is also required. Lighting must be adequate for day or night classes and the room must be able to be darkened adequately to allow for effective audio visual usage. There needs to be sufficient power sources for audio visuals and any other apparatus that would need power. The room must be adequately heated and ventilated to maintain a reasonable temperature. The facility must be handicapped accessible unless there is a documented waiver of this requirement. The lab facility must be clean and of sufficient size to carry out the practical portions of the program.

Note: With regard to handicap accessibility, there are two building codes used in the State of Michigan: BOCA and CABO, these codes include the ADA criteria. If a building owner, or builder, wishes to vary from the building code within their county, they must apply for a variance. From this point, the building inspector will submit the request for variance to the County/City Construction Board of situation concerning ADA waiver, a letter would be issued by the Construction Board of Appeals stating that they have waived the ADA criteria.

Recommendation:

46. It would be beneficial if the facility was dedicated solely for the purpose of medical education and training or at least minimally dedicated for general education. It would also be beneficial if the facility was air-conditioned and had adequate and accessible parking. Access to a telephone would also be recommended.

Attachment: Facility Requirement and Recommendation Checklist

For Program Re-Approval Evaluation:

45. The facility will be visited to review that all required components (as listed) are present.

Facility Requirements and Recommendations

The classroom should be conducive to learning.

Facility-Requirements as defined by Department of Education

- ☐ Sufficient restroom facilities available
- ☐ At least one chair per individual in the lecture area
- ☐ A writing space (table or desk) of sufficient size to accommodate a text book (opened) and a place to write
- ☐ Lighting adequate for day and/or night classes
- ☐ Suitable power source for audio-visuals
- ☐ The room able to be darkened suitably for audio-visual needs
- ☐ The room well ventilated and adequately heated to reasonably regulate the temperature
- ☐ Handicapped accessible or waiver
- ☐ Lab facility, sufficient size and clean (area for performance of practical skills)

Facility-Recommended

- ☐ Dedicated facility for medical education/training
- ☐ Dedicated facility for education/training
- ☐ Air conditioned
- ☐ Adequate parking facilities
- ☐ Telephone access
- ☐ Other (please specify)

Topic: Equipment

- Requirement:** 47. The items identified as required in the attached checklist are pieces of equipment that are necessary to adequately prepare your students for the field. The equipment must be either physically present for the entire class period or a signed rental agreement must be on file. Rental agreement must include specific dates, equipment, and must state the equipment is dedicated to the program sponsor for those dates.
48. Where a ratio of equipment to student exists, a documented skill rotation plan can be utilized to satisfy this requirement. For example, if you have 12 students and you plan on dividing the group in half so that one group was working on short boarding while the other was working on long boarding you would only need one set of each piece of equipment.
- Enough equipment must be available to accommodate largest class size anticipated so that students are provided ample exposure to the equipment. If the whole class is not reviewing the same skill at the same time, the lesson plan should reflect rotation to various equipment stations.

Recommendation:

49. The information identified as recommended in the attached checklist are pieces of equipment that would be beneficial if available but were not required due to cost issues.

Attachment: Equipment Check Sheet

For Program Re-Approval Evaluation:

47. The facility will be visited to review that all required equipment is available as listed.

MFR Equipment Requirements and Recommendations

This equipment needs to be either physically present or a current rental agreement needs to be in place.

Medical First Responder Equipment-Required

- ☐ Long Backboards w/straps and immobilizers or towel rolls and various sized c-collars (1 set for every 6 students)*
- ☐ Short Backboards (1 set for every 6 students)*
- ☐ Traction splints (1 set for every 6 students)*
- ☐ Adult airway trainer (1 set for every 6 students)*
- ☐ Infant airway trainer (1 set for every 6 students)*
- ☐ Rigid splints (1 set for every 6 students)*
- ☐ Sufficient bandaging supplies
- ☐ Pediatric and adult airway and ventilation equipment (OPA's, NPA's, Pocket masks, BVM's)
- ☐ Working mechanical suction unit with rigid and flexible suction catheters
- ☐ Oxygen tank w/oxygen and regulator
- ☐ Various oxygen administration sets (adult and peds nasal cannula, simple mask, partial rebreather, non-rebreather, venturi)
- ☐ OB Kit contents
- ☐ Burn sheets (simulated acceptable)
- ☐ CPR adult, infant, and child trainer (1 set for every 6 students)*
- ☐ AED or AED Trainer and simulator (1 for every 6 students)*
- ☐ Helmets (motorcycle, football, bicycle, etc.)
- ☐ Approved child restraint seat
- ☐ PASG pants (simulated acceptable)
- ☐ Bedding (sheets, blankets, pillows)
- ☐ Stethoscope and BP cuffs (1 set for every 6 students)*
- ☐ Personal protective equipment (masks, gowns, goggles, gloves, etc.)
- ☐ N-95 Mask

Medical First Responder Equipment-Recommended

- ☐ OB Mannikin
- ☐ Stair chair
- ☐ Stretcher (ambulance cot)
- ☐ Scoop stretcher
- ☐ Pediatric immobilization device
- ☐ Dedicated automobile or automobile simulator
- ☐ Pulse Oximeter
- ☐ Penlights
- ☐ Extrication equipment
- ☐ Moulage
- ☐ Thermometer
- ☐ Functional ambulance
- ☐ Two-way communication equipment
- ☐ Other (please specify)

***Note: The ratio of equipment to student can be satisfied in a skill station rotation plan**

BASIC Equipment Requirements and Recommendations

This equipment needs to be either physically present or a current rental agreement needs to be in place.

Basic EMT Equipment - Required

- ☐ Long Backboards w/straps and immobilizers or towel rolls and various sized c-collars (1 set for every 6 students)*
- ☐ Short Backboards (1 set for every 6 students)*
- ☐ Traction splints (1 set for every 6 students)*
- ☐ Adult airway trainer (1 set for every 6 students)*
- ☐ Infant airway trainer (1 set for every 6 students)*
- ☐ Rigid splints (1 set for every 6 students)*
- ☐ Sufficient bandaging supplies
- ☐ Pediatric and adult airway and ventilation equipment (OPA's, NPA's, Pocket masks, BVM's)
- ☐ Working mechanical suction unit with rigid and flexible suction catheters
- ☐ Oxygen tank w/oxygen and regulator
- ☐ Various oxygen administration sets (adult and peds nasal cannula, simple mask, partial rebreather, non-rebreather, venturi)
- ☐ OB Kit contents
- ☐ Burn sheets (simulated acceptable)
- ☐ CPR adult, infant, and child trainer (1 set for every 6 students)*
- ☐ Combitube/ETDLA (1 set for every 6 students)*
- ☐ AED or AED Trainer and simulator (1 for every 6 students)*
- ☐ Epi-pen training device
- ☐ Inhaler training device
- ☐ IV Bag and tubing
- ☐ Helmets (motorcycle, football, bicycle, etc.)
- ☐ Approved child restraint seat
- ☐ PASG pants (simulated acceptable)
- ☐ Bedding (sheets, blankets, pillows)
- ☐ Stethoscope and BP cuffs (1 set for every 6 students)*
- ☐ Personal protective equipment (masks, gowns, goggles, gloves, etc.)
- ☐ N-95 Mask

Basic EMT Equipment-Recommended

- ☐ OB Mannikin
- ☐ Stair chair
- ☐ Stretcher (ambulance cot)
- ☐ Scoop stretcher
- ☐ Pediatric immobilization device
- ☐ Dedicated automobile or automobile simulator
- ☐ Pulse Oximeter
- ☐ Penlights
- ☐ Extrication equipment
- ☐ Moulage
- ☐ Thermometer
- ☐ Functional ambulance
- ☐ Two-way communication equipment
- ☐ Other (please specify)

***Note: The ratio of equipment to student can be satisfied in a skill station rotation plan**

SPECIALIST Equipment Requirements and Recommendations

This equipment needs to be either physically present or a current rental agreement needs to be in place.

Specialist Equipment-Required

- ☐ Long Backboards w/straps and immobilizers or towel rolls and various sized c-collars (1 set for every 6 students)*
- ☐ Short Backboards (1 set for every 6 students)*
- ☐ Traction splints (1 set for every 6 students)*
- ☐ Adult airway trainer (1 set for every 6 students)*
- ☐ Infant airway trainer (1 set for every 6 students)*
- ☐ Rigid splints (1 set for every 6 students)*
- ☐ Sufficient bandaging supplies
- ☐ Pediatric and adult airway and ventilation equipment (OPA's, NPA's, Pocket masks, BVM's)
- ☐ Working mechanical suction unit with rigid and flexible suction catheters
- ☐ Oxygen tank w/oxygen and regulator
- ☐ Various oxygen administration sets (adult and peds nasal cannula, simple mask, partial rebreather, non-rebreather, venturi)
- ☐ OB Kit contents
- ☐ Burn sheets (simulated acceptable)
- ☐ CPR adult, infant, and child trainer (1 set for every 6 students)*
- ☐ Combitube/ETDLA (1 set for every 6 students)*
- ☐ AED or AED Trainer and simulator (1 for every 6 students)*
- ☐ Epi-pen training device
- ☐ Inhaler training device
- ☐ Helmets (motorcycle, football, bicycle, etc.)
- ☐ Approved child restraint seat
- ☐ PASG pants (simulated acceptable)
- ☐ Bedding (sheets, blankets, pillows)
- ☐ Stethoscope and BP cuffs (1 set for every 6 students)*
- ☐ Personal protective equipment (masks, gowns, goggles, gloves, etc.) plus N-95 Mask
- ☐ Adult intubation heads (1 set for every 6 students)*
- ☐ Infant intubation heads (1 set for every 6 students)*
- ☐ Lubricant for mannikins
- ☐ Various sizes and types of ET tubes
- ☐ IO mannikin or simulator (1 set for every 6 students)*
- ☐ IO needles
- ☐ IV arms (1 set for every 6 students)*
- ☐ Various sizes and types of IV catheters
- ☐ IV administration kits
- ☐ IV tubing (blood tubing/macro drip/micro drip)
- ☐ Normal saline locks
- ☐ Sharps container
- ☐ Laryngoscopes handles/blades (curved and straight)/(adult and pediatrics)
- ☐ Stylets
- ☐ Various syringes
- ☐ Vacutainer tubes
- ☐ Tourniquets
- ☐ Alcohol and betadine prep pads
- ☐ End tidal CO2 detector and esophageal detection device
- ☐ Pulse oximetry
- ☐ Glucose evaluating device

Specialist Equipment-Recommended

- ☐ OB Mannikin
- ☐ Stair chair
- ☐ Stretcher (ambulance cot)
- ☐ Scoop stretcher
- ☐ Pediatric immobilization device
- ☐ Dedicated automobile or automobile simulator
- ☐ Penlights
- ☐ Extrication equipment
- ☐ Moulage
- ☐ Thermometer
- ☐ Functional ambulance
- ☐ Two-way communication equipment
- ☐ Broselow tapes or equivalent
- ☐ Replacement bulbs and batteries
- ☐ Commercially produced ET tube securing devices
- ☐ PEFR (Peak expiratory flow rate) device
- ☐ Scalp vein mannikin
- ☐ Meconium aspirators
- ☐ Other (please specify)

***Note: The ratio of equipment to student can be satisfied in a skill station rotation plan**

Paramedic Equipment Requirements and Recommendations

This equipment needs to be either physically present or a current rental agreement needs to be in place.

Paramedic Equipment-Required

- ___ Long Backboards w/straps and immobilizers or towel rolls and various sized c-collars (1 set for every 6 students)*
- ___ Short Backboards (1 set for every 6 students)*
- ___ Traction splints (1 set for every 6 students)*
- ___ Adult airway trainer (1 set for every 6 students)*
- ___ Infant airway trainer (1 set for every 6 students)*
- ___ Rigid splints (1 set for every 6 students)*
- ___ Sufficient bandaging supplies
- ___ Pediatric and adult airway and ventilation equipment (OPA's, NPA's, Pocket masks, BVM's)
- ___ Working mechanical suction unit with rigid and flexible suction catheters
- ___ Oxygen tank w/oxygen and regulator
- ___ Various oxygen administration sets (adult and peds nasal cannula, simple mask, partial rebreather, non-rebreather, venturi)
- ___ OB Kit contents
- ___ Burn sheets (simulated acceptable)
- ___ CPR adult, infant, and child trainer (1 set for every 6 students)*
- ___ Combitube/ETDLA (1 set for every 6 students)*
- ___ AED or AED Trainer and simulator (1 for every 6 students)*
- ___ Epi-pen training device
- ___ Inhaler training device
- ___ Helmets (motorcycle, football, bicycle, etc.)
- ___ Approved child restraint seat
- ___ PASG pants (simulated acceptable)
- ___ Bedding (sheets, blankets, pillows)
- ___ Stethoscope and BP cuffs (1 set for every 6 students)*
- ___ Personal protective equipment (masks, gowns, goggles, gloves, etc.) plus N-95 Mask
- ___ Adult intubation heads (1 set for every 6 students)*
- ___ Infant intubation heads (1 set for every 6 students)*
- ___ Lubricant for mannikins
- ___ Various sizes and types of ET tubes
- ___ IO mannikin or simulator (1 set for every 6 students)*
- ___ IO needles
- ___ IV arms (1 set for every 6 students)*
- ___ Various sizes and types of IV catheters
- ___ IV administration kits
- ___ IV tubing (blood tubing/macro drip/micro drip)
- ___ Normal saline locks
- ___ Sharps container
- ___ Laryngoscopes handles/blades (curved and straight)/(adult and pediatrics)
- ___ Stylets
- ___ Various syringes
- ___ Vacutainer tubes
- ___ Tourniquets
- ___ Alcohol and betadine prep pads
- ___ End tidal CO2 detector and esophageal detection device
- ___ Pulse oximetry
- ___ Glucose evaluating device
- ___ Monitor/defibrillator capable of synchronized and unsynchronized cardioversion and pacing (1 for every 10*).
- ___ Primary cardiac rhythm generator (1 for each monitor/defibrillator)
- ___ Device(s) which allow simulated synchronized and unsynchronized defibrillation/cardioversion/pacing

- ___ Drugs (outdated or simulated in ampules, vials, pre-filled and tubex cartridge styles to cover all drugs listed in the MDCIS Paramedic education requirements)
- ___ Hypodermic needles (various gauges and lengths)
- ___ Subcutaneous and intramuscular simulation device
- ___ Syringes (1 cc, 3 cc, 5 cc, 10 cc, 30 cc)
- ___ IV set-up for piggyback drug administration
- ___ Pleural decompression model (inner tube with ribs, etc)
- ___ Nebulizer
- ___ Needle cricothyroidotomy simulation device

Paramedic Equipment-Recommended

- ___ OB Mannikin
- ___ Stair chair
- ___ Stretcher (ambulance cot)
- ___ Scoop stretcher
- ___ Pediatric immobilization device
- ___ Dedicated automobile or automobile simulator
- ___ Penlights
- ___ Extrication equipment
- ___ Moulage
- ___ Thermometer
- ___ Functional ambulance
- ___ Two-way communication equipment
- ___ Broselow tapes or equivalent
- ___ Replacement bulbs and batteries
- ___ Commercially produced ET tube securing devices
- ___ PEFR (Peak expiratory flow rate) device
- ___ Scalp vein mannikin
- ___ Meconium aspirators
- ___ 12 Lead ECG capabilities
- ___ ALS mannikin
- ___ IV infusion pump
- ___ Tracheostomy supplies
- ___ External jugular mannikin
- ___ Mannikin for male/female urinary catheterization
- ___ Urinary catheters
- ___ Nasogastric tube mannikin
- ___ Nasogastric tubes
- ___ X-Ray viewbox
- ___ Neonate isolette
- ___ Other (please specify)

***Note: The ratio of equipment to student can be satisfied in a skill rotation plan**

Topic: Audio Visual

- Requirement:** 50. All EMS initial education programs must have, at the course location, a chalkboard **or** dry erase board **or** flip chart, each of which must be large enough for the entire class to see. A slide projector **or** overhead projector **or** document camera **or** computer/projection system is also required. All necessary accessories for equipment must also be available (e.g. chalk, spare bulb, projection surface, etc).
- Recommendation:** 51. Each course site should have available a variety of A/V equipment and supplies. A chalkboard/dry erase board and flip chart should be available. In addition the site should also have a slide projector **and** overhead projector/document camera.

For Program Re-Approval Evaluation:

50. The facility will be visited to review that all required audio-visual equipment is present.

Minimum Audiovisual Equipment List

Required Equipment

- ___ Instructor Writing Surface:
 - Chalkboard **or**
 - Dry Erase Board **or**
 - Flip Chart
- ___ Assortment of colored chalk and/or markers
- ___ Large enough for class size

- ___ Slide Projector **or**
- Overhead Projector **or**
- Document Camera **or**
- Computer Presentations

Slide Projector

- ___ Extra bulb readily available
- ___ Remote to forward/reverse carousel
- ___ Additional carousels available
- ___ Lens provides large enough image for all to see
- ___ Electrical power readily available to power projector
- ___ Appropriate surface to project onto (i.e.: screen, white colored flat wall)

Overhead Projector

- ___ Extra bulb readily available
- ___ Blank transparencies
- ___ Electrical power readily available to power projector
- ___ Appropriate surface to project onto (i.e.: screen, white colored flat wall)
- ___ Assortment of colored transparency markers

Document Camera

- ___ Monitor(s) or video projector with image large enough for all to see
- ___ Appropriate surface to project onto (i.e.: screen, white colored flat wall) if using a projector

Computer Presentations

- ___ Computer
- ___ Monitor(s) or video projector with image large enough for all to see
- ___ Appropriate surface to project onto (i.e.: screen, white colored flat wall) if using a projector
- ___ Second computer as backup (**recommended**)
- ___ Technical help readily available (**recommended**)

Recommended:

- ___ Video cassette recorder/player with monitor
 - ___ Monitor(s) or video projector image large enough for all to see
 - ___ Audio loud enough for all to hear
 - ___ Backup monitor or projector bulb available
 - ___ Appropriate surface to project onto (i.e.: screen, white colored flat wall) if using a projector
- ___ Audience Response System
 - ___ Monitor(s) or video projector with image large enough for all to see
 - ___ Appropriate surface to project onto (i.e.: screen, white colored flat wall) if using a projector
 - ___ Appropriate number of participant response control pads
 - ___ Technical help readily available (recommended)
- ___ Televideo conferencing
 - ___ Monitor(s) or video projector with image large enough for all to see
 - ___ Audio loud enough for all to hear
 - ___ Appropriate number of microphones for participants
 - ___ Technical help readily available

Topic: **Learning Resources (Library)**

Requirement: 52. All EMS initial education programs must have available, to the students and faculty, access to learning resources (library) related to the curriculum. The library does not need to be “on site”, however it must be reasonably accessible (distance and hours of operation) for students and faculty to utilize.

Recommendation:
53-57. It is strongly encouraged that the learning resource center (library) be on site with a section dedicated to EMS. Access to hospital libraries and medical libraries is also recommended. In addition to the traditional resources available at a library students should have access to the internet and computer aided instruction (self instruction resources).

For Program Re-Approval Evaluation:

52. The facility will be visited to review that learning resources (library) is present.

Topic:**Clinical Resources****Requirement:**

58. The program sponsor, in coordination with the course coordinator (I-C), will establish formal written agreements with area hospitals, facilities and EMS agencies to provide for clinical participation and supervision for the program participants. Signed copies of contracts must be submitted with application. EMS agencies providing clinical must be licensed at level of course or higher. Contracts must have been authorized within the last 3 years prior to course start date. The program sponsor must have at least one contract with a hospital and one contract with a pre-hospital agency.
59. Each student shall receive a syllabus or other document identifying the clinical requirements as set forth by MDCH and outlined in the EMS Education Program Requirements. The student will be provided a copy of the syllabus prior to the course start or at the first class session.
60. The program sponsor must identify the types of vaccinations required by the clinical facility and in accordance with OSHA/MIOSHA and local public health agencies. There will be a process outlined and utilized that identifies the procedure for obtaining documentation from students of having received vaccinations prior to attendance in the clinical setting.
61. The program sponsor and/or course coordinator will be able to show proof of student attendance at clinical offerings. The proof of attendance to each clinical assignment will be maintained in the student records. New programs will demonstrate the process for record keeping and follow-up with the clinical facility to assure student attendance.
62. The program shall provide clinical objectives to the student. The clinical objectives will not exceed the scope of the MDCH EMS Education Program Requirements.
63. The student shall be given clinical assignments. The student's clinical assignment will define the expected activities and relate to the attainment of the clinical objectives. (This is not a notification of date and time of clinical rotation.)
64. The course syllabus/schedule will show a correlation between clinical experience and didactic and psychomotor training. (The program sponsor and/or course coordinator must be able to demonstrate appropriate didactic and psychomotor training prior to student attendance of clinical experience on a per topic basis).
65. The program sponsor will demonstrate that all students will receive education on infection control and use of personal protective equipment prior to entering the clinical setting. This training will be in accordance with OSHA/MIOSHA Guidelines.
66. The program sponsor and/or course coordinator will be able to produce both a policy and reporting procedure for infectious exposures of students/faculty during the programs lab sessions and for the clinical setting.
67. The program sponsor will identify how each student will be supervised in the clinical setting and what position they will report to (this would be best stated in clinical contract).
68. Students shall be clearly identified by name and student status in all clinical settings. Use of a name tag, uniform, or other apparent means to distinguish them from other personnel is required.
69. Following completion of the EMS program, the paramedic student will participate in the clinical setting during a field internship program.

Recommendation:

70. For MFR, EMT and Specialist programs:
Following completion of the EMS program, the student will participate in the clinical setting during a field internship program.
71. The course coordinator and/or clinical preceptor responsible for the clinical setting should develop a system for demonstrating proof of the students' participation (other than the student record) :
 - a. student should be scheduled in appropriate clinical setting by the course coordinator or clinical preceptor
 - b. clinical facility is advised in writing of the date/time of individual student attendance by the course coordinator or clinical preceptor.
 - c. a system should be maintained within the clinical facility to record student attendance for the purpose of audit (to compare to students' personal verification)
72. Each student should be able to demonstrate access to a diverse patient mix (age, race, patient conditions). The course coordinator and/or clinical preceptor should adjust the clinical experience and location to assure that each student has the opportunity to observe a diverse patient mix.
73. A formal agreement should exist between the program sponsor and the clinical faculty.

For Program Re-Approval Evaluation:

58. Updated copies of clinical contracts must be submitted. (All contracts must be less than 3 years old.)
59. Provide the document that is provided to students that publishes the clinical obligations.
60. The individual student records will be audited to assure students have received vaccinations prior to attendance in the clinical setting. These records must be accessible for review.
61. Proof of each individual student's attendance to each clinical assignment will be present in the individual student record. These records must be accessible for review.
62. Provide any update to the clinical objectives that are provided to the student.
63. Provide a copy of the clinical assignment form that students utilize during clinical attendance.
66. Documentation of any infectious exposure incident will be present in the student files.
67. Provide any change in the policy regarding to whom the student reports at the clinical setting.
68. Provide any change in the policy regarding student identification in the clinical setting.
69. For paramedic programs, the course schedule will identify when students complete their clinical hours and when they begin their internship hours.

Topic: Student Policies/Syllabus

It is recommended that student policies be compiled in to a student handbook or syllabus for ease in student access.

- Requirement:**
74. **Admission Policy:** Student admission will be made in accordance with practices which are clearly defined and published. Specific academic (diploma, math assessments, reading assessment, etc.), health related (TB testing, Hepatitis B Vaccination, etc.), and/or technical requirements for admission shall also be clearly defined and published. The standards and/or prerequisites shall be made known to all potential program applicants. A listing of resource programs will be made available for students who need help in achieving the minimum requirements for program entry.
 75. **Grading Scale/Definition of Successful Completion:** Students will be informed at the beginning of the course of the grading scale to be used and of the requirements which must be met in order to successfully complete the course and be recommended for State licensure.
 76. **Attendance Policy:** Students will be informed at the beginning of the course of the attendance requirements for that program as it relates to grading and course completion. The policy shall clearly describe the consequences of the student's absence(s).
 77. **Appeals Policy/Procedure:** Students will be informed at the beginning of the course of the appeals process which is to be followed for course issues. This process should begin with the course coordinator and may ultimately end with the EMS Section of the MDCH if not resolved at the program level.
 78. **Guidance Procedure:** Academic counseling services shall be made available to all students. These procedures will include documentation of regular and timely discussions with the instructor or instructor designee on student strengths, weaknesses, and progress in the program and provide evidence that the students are informed of fair practices, due process with regard to admission/retention policies, unfavorable evaluations, and disciplinary policies such as those for suspension and dismissal.
 79. **Health and Safety Policy/Procedure:** A procedure for determining that the applicants' or students' health meets the requirements of the program, including public health and clinical facility requirements. A policy should be in place that the program sponsor will meet all requirements of all relevant regulatory agencies (OSHA, MIOSHA, etc.) Other safety issues such as lifting, moving student-patients in the classroom should be considered for inclusion.
 80. **MDCH EMS Education Program Requirements:** The course coordinator is responsible to incorporate all of the information in the EMS Education Program Requirements into their program materials for presentation of lecture, practical skill training and clinical participation activities. The course coordinator presents the MDCH information as the minimum in EMS educational information. The program sponsor or the course coordinator will make a copy of the appropriate educational program objectives available to the student. The copy must be accessible during daytime and evening hours for student review. The program sponsor or the course coordinator will explain to the student in writing that the education program objectives outline the terminal competencies for the student.
 81. **Disclosure Policy/Procedure:** A disclosure policy/procedure shall be in place which informs the student regarding what information can be released to other parties and under what circumstances. It should define when student consent is necessary for release of information. (See Guidelines for Confidentiality of Student Information. This information is provided for sponsor use in developing a program disclosure policy. Please also refer to Family Rights and Privacy Act of 1974.)
 82. **Textbooks:** The program sponsor will show how required textbooks are identified to the student and how they may acquire the text. The text or guide will be appropriate for that level of educational program.

Topic: Student Policies/Syllabus *continued*:

83. **Course Syllabus:** A course syllabus will be distributed to each student which will include all pertinent information including instructor availability, a means to contact the instructor outside of class, and a class cancellation procedure.
84. **Dress Code/Hygiene Policy:** A dress code/hygiene policy shall be in effect for minimally the clinical setting. Proper hygiene shall be enforced in all areas for the well-being of all students, faculty, and patients. Dress codes will be established for the clinical areas per the clinical setting guidelines.
85. **Course Completion:** The sponsor will need to provide and assist students with NREMT applications, exam reservations, and license applications. The course coordinator also needs to send a Course Completion Roster to MDCH and the exam proctoring agency. The Course completion roster needs to indicate the official date of course completion, which is the same for all students completing that specific course.
86. **Successful Completion:** In the syllabus it will be noted that upon successful completion, students will be provided with a letter, or certificate of course completion.
87. **Criminal History:** Students must be informed that when applying for NREMT Examinations, and EMS licensure, they will be asked if they have a criminal history, other than for a traffic violation. They will be asked for information on the nature of the conviction, the area where this conviction occurred and the judicial disposition. These agencies will investigate the history and determine if the candidate is eligible to test or be licensed to practice in EMS. Refer students to the NREMT Felony Conviction Policy.
88. **Course Approval:** Before or at the first class session, students will be informed in writing that the program sponsor is approved and the specific course has been approved. (A copy of the approval form from MDCH or the regional coordinator is acceptable.)

For Program Re-Approval Evaluation:

74. Provide a copy of the admissions policy if there has been any change.
75. Provide a copy of the grading scale and definition of successful completion, if there has been any change.
76. Provide a copy of the attendance policy if there has been any change.
77. Provide a copy of the appeals policy if there has been any change.
78. Provide a copy of the academic guidance policy if there has been any change.
79. Provide a copy of the health/safety policy if there has been any change.
80. Provide a copy of the document that identifies how the student has access to the MDCH Education Program Requirements (objectives).
81. Provide a copy of the disclosure policy if there has been any change.
82. Provide a copy of the document that publishes the name of the primary textbook utilized by students, if there is any change.
83. Provide a copy of the document that identifies how the student can contact the primary instructor, if there is any change.
84. Provide a copy of the document that publishes to the student, the dress code/hygiene policy, if there is any change.
85. Provide a copy of the document that publishes to the student, the policy that upon student successful completion, they will be given the NREMT exam application, exam reservation forms, and instruction for completion of these along with the Michigan EMS provider license application.
86. Provide a copy of the document that publishes to the student the policy that upon student successful completion, they will be given a certificate of course completion.
87. Provide a copy of the document that publishes to the student the information regarding criminal history.
88. Provide a copy of the document that publishes to the student that they will be given proof that the course has been approved by MDCH before or at the first class session.

Topic:**Operational Policies/Procedures****Requirement:**

89. The program sponsor must have a policy on maintaining student records as well as program operation records. Operations records would include examples of examination tools, admission criteria, records of students denied admission along with reason for denial, incident reports, counseling records, etc. Student records would be individual for each student containing academic information (grades), course-end evaluations in cognitive, psychomotor, and affective domains. Health records may be required by MIOSHA and clinical attendance forms must be maintained. These records should be kept minimally for five years or as required by MIOSHA or other federal, state, or local policies.

90. The program sponsor must develop student evaluation tools for the purpose of conducting student evaluations on a recurring basis and with sufficient frequency to provide both the student and program instructor with valid and timely indicators of the student's progress toward and achievement of the competencies and objectives stated in the approved curriculum. The methods used to evaluate the students will verify the achievement of the objectives which are stated in the course curriculum and should include didactic, practical, affective and clinical evaluation. Evaluation methods must be consistent with the competencies and objectives being tested. Students should have adequate time to correct any identified deficiencies in knowledge and/or performance prior to the completion of the program.

Examples of evaluation tools (didactic, psychomotor, affective, clinical) must be available for review.

91. The program sponsor will have a policy documenting the procedure used to review test instruments. These reviews will evaluate the effectiveness of student evaluation tools and test instruments, and will be done frequently. These reviews, when appropriate, must result in the update, revision, or formulation of more effective tests or evaluation methods to ensure validity and reliability.

92. The program sponsor must have in effect a general liability insurance policy that covers personal injury or damages for all program locations. This policy would cover students, faculty, ancillary staff, volunteers, etc. The recommended amount is \$1,000,000.

93. Course Announcements/Catalogs/Syllabi/Handbooks will demonstrate "Fairness in Advertising". Students shall be provided accurate information regarding program requirements, tuition and fees, refund policies, institutional and program policies, procedures and supportive services. A descriptive synopsis of the current curriculum, a statement of course objectives, copies of course outlines, class and laboratory schedules, clinical and field internship experience schedules, and teaching plans will be on file and available to enrolled students. All of the above information must also be available to prospective students.

94. The program sponsor will have in effect and publish a policy regarding the "Americans with Disabilities Act". The sponsor should also provide students with a copy of the NREMT Special Accommodations policy at the beginning of the course.

95. The program sponsor will have in effect and publish a non-discrimination policy.

96. The program sponsor will have in effect and publish a sexual harassment policy.

97. For Paramedic programs, student math and reading assessment testing will be provided to students and a remedial resource will be available.

Recommendations:

98. It is recommended that a physical agility testing program with resources for remediation is available.
99. For MFR, Basic and Specialist Programs, it is recommended that student math and reading assessment testing and a remedial resource be available.
100. Liability policies:
 - a. It is highly recommended that the EMS Program have in place, or requires the students to purchase, medical malpractice insurance that would cover the students' participation in all clinical settings.
 - b. The EMS Program should recommend to students that they carry their own personal health insurance that will cover them for illness or injury during the time they are a student in the EMS program.
 - c. It is recommended that all EMS instructors possess insurance that covers "educational malpractice". This would include errors or omissions in instruction, "fairness in advertising" claims, or other "wrongful act" type claims.
 - d. It is strongly encouraged that types of liability and recommendations for insurance coverage be discussed in all personnel and clinical contracts.

For Program Re-Approval Evaluation:

89. Provide a copy of the policy on maintaining student records as well as program operation records. Records will be audited for content. Student records would be individual for each student containing academic information (grades), vaccination records, incident reports, counseling, etc. Records for each clinical assignment must be present.
90. Student records will be audited for proof of course-end evaluations in cognitive, psychomotor, and affective domains.
91. Demonstrate how course end evaluation tools (didactic, psychomotor, affective and clinical) have been evaluated after use and re-developed to insure validity and reliability, if necessary.
93. A course announcement, (possibly a college calendar), will be provided for review to assure that published information is fair and accurate.
94. Provide a copy of the ADA policy and a copy of the document that publishes to students a copy of the NREMT Special Accommodations policy at the beginning of the course, if there has been any change.
95. Provide a copy of any update to the non-discrimination policy.
96. Provide a copy of any update to the sexual harassment policy.
97. Paramedic program student records will be audited for documentation of student math and reading assessment testing and the available remedial resource.

Topic: Program Evaluation

- Requirement:**
101. There will be a process for evaluation of the course by the students at the completion of every course. This will be demonstrated by providing copies of evaluations completed by students.
 102. There will be a demonstrated method for the primary instructor(s) to receive feedback from the students and/or supervisory faculty at least once during a course to facilitate change if necessary. This will be demonstrated by providing copies of completed feedback tools.
 103. The program sponsor will document how they have evaluated their effectiveness in developing student competencies consistent with the MDCH Education Program Requirements. This should be done by comparing course completion performance scores against NREMT exam scores.
 104. A written action plan will document how the information obtained from the evaluation process (101-103) is utilized to make changes in the program.
 105. The course coordinator (IC) will provide to the sponsor, a final report summarizing the student (performance) outcomes of each course, thus informing the sponsor of the course success. This will include a summary of the student evaluations, facts on student attrition, numbers of students completing the course successfully and number of students passing the NREMT exams.

The final report will be kept with the course records. This information will be useful in identifying trends in student performance and helps to monitor changes after implementation of the action plan. The report will be completed and available at the completion of each program following receipt of NREMT exam results. This report should also be available to the advisory committee.
 106. An advisory committee shall meet at least annually, for the purpose of providing feedback to the program regarding student competencies as demonstrated in the clinical setting or the employment field. The committee should be composed of EMS providers and other health care professionals who are actively involved in the EMS system and interact with student graduates from the program. The majority of the members should not be current faculty. Committee activity can be demonstrated by providing recent copies of meeting minutes.
 107. The program sponsor will document how instructors of Paramedic programs are asked to demonstrate competency and extend their education. This could be demonstrated by proof of their participation in courses such as ACLS, PALS, BTLs, PHTLS, and other higher level education programs.
- Recommendation:**
108. The program sponsor will develop a process to evaluate the program's effectiveness in preparing the student for employment. This could be done by soliciting feedback from the employer of each student.
 109. Document how instructors of MFR, Basic and Specialist programs, are asked to demonstrate competency and extend their education. This could be demonstrated by proof of their participation in courses such as ACLS, PALS, BTLs, PHTLS, and other higher level education programs.

For Program Re-Approval Evaluation:

101. Provide copies of the course end evaluations that were completed by students.
102. Provide copies of the feedback tools that were used during a course.
- 103-104. Provide documentation on how the program has made changes in their program, utilizing information obtained from the evaluation process (#101) and by comparing course outcomes to NREMT scores. Data on NREMT performance must be available for review.
105. A copy of the final report that is developed by the primary IC, or course coordinator for the program sponsor's representative, must be provided. This final report must include: a summary of course end evaluations (done by students), facts on student attrition, the comparison of course outcomes to NREMT performance, and the action plan for implementing any change.
106. Provide documentation (minutes) of Advisory Committee activity.

Additional Criteria for Satellite Courses Required

110. The specific physical address, building and classroom(s) must be identified
111. Ensure all course offerings under this approval are identified including the beginning and ending dates of each course
112. The sponsor must identify a sponsor representative and a contact person who represents the sponsor at the satellite location.
113. The course coordinator must be licensed in the State of Michigan as an EMS Instructor-Coordinator and hold a Michigan EMS provider license minimally at the level of the program to be taught. If different than primary site IC the sponsor must document credentials
114. Must meet all physician director requirements outlined in #19-23, #24-34 should be encouraged
115. The sponsor must provide an action plan that identifies how the sponsor will provide oversight as defined in #5
116. Must provide a written agreement between the sponsor and satellite site defining the responsibilities of each as outlined in Operational Policies/Procedures
117. Must provide a written plan to promote communication and ensure evaluation of progress among sponsor representative, site contact person and course coordinator.
118. The sponsor and satellite site must ensure consistency at all locations with curricula development, examinations, evaluations tools and policy/procedures
119. The satellite site must have access to all equipment and A/V resources defined in #47-50. If satellite site is running courses concurrently with a primary site course, adequate equipment and A/V must be available for both sites or a written plan to ensure both locations meet required resources
120. Provide documentation that will be provided to the students identifying the sponsor representative(s) contact information during and after course completion.
121. All Instructional faculty requirements in #35-38 must be met.
122. If clinical sites for satellite site are different than those used for the primary site all clinical requirements in #58-69 must be met.
123. The sponsor must demonstrate the students attending satellite course have provisions equivalent to those attending primary site course. If an alternative library is used, availability of the library must be identified.
124. Must provide a records keeping plan to define where records will be kept during and after course completion
125. Must provide a written statement from the sponsor's Chief Financial Officer (or equivalent) assuring financial support of the course.
126. Provide a list of the advisory committee. The committee must include a representative from the satellite program and meet the criteria as identified in #106.